Flic with: lowa Ethics and Campaign Disclosure Board 510 E. 12^h, Ste. 1A



Fax: 515-281-4073		LE SUMMARY PAGE		MA E- NAC 0003		
COMMITTEE NAME (Must b	e same os on Statement of C	Organization)	コ _			
Laborers Political Action Committee				FORM		
1 4 County Cantral Committee (Standing for Retention Candidate 5)County Candidate (5)City Ci	or. 2	()	DR-2 Rev. 07/2007) DISCLOSURE REPORT OF OFFICE Use Only		
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	s	canned		
Office Sought		District (if Senate or House)		udited		
Late reports are subject to possible and the subject to po	1100	Pursuant to lowa Code sections 68B.32/ (5/5) 265-2-558 TELEPHONE				
I AM FILING A July 1, 2007	- December 31, 2007	REPORT FOR (1) ELECTION	/(2)NON-	ELECTION YEAR.		
	eport date)	Indicate by	<i>#</i> 2			
CHECK IF AMENDMENT	TO REPORT DATED		Local Con	amiltioes, enter Date of Election		
CASH ON HAND at the begin	ount MUST be the same as t	(Total of all funds held by the he cash on hand at the end		8.140.54		
•		is first report filed.)	\$			
	Y TAKEN IN THIS PERIOD	nedule A) (*also see in-kind below)		6,250.00		
		ule F)				
		Attach Schedule H)				
	Happlies to Candidates' C	·	***************************************			
		SUB-TOTAL	\$			
SUBTRACT TOTAL	. MONEY SPENT THIS PERI	OD CO				
Schedule B: Expend	ditums total (Attach Schedule	B) (**also see debts and loans below).	*******			
Schedule F: Loan R	anaica men fumani da idable	(c) (when see dents sign insult halpm).				
	<u>-</u>	edule F)	*******			
CASH ON HAND at the end of	Repayments total (Attach Schi	• •		14,390.54		
	Repayments total (Attach School of this reporting period (if final	edule F)	\$	14,390.54		
***UNPAID BILLS (From Sche	Repayments total (Attach School (If final depayments) total (Attach School (If final depayment) and (If final depayments) and (If final depayments) are seen to the control of the control	report balance must be zero)	s			
**UNPAID BILLS (From Sche	Repayments total (Attach School of this reporting period (if final adule D - Attach Schedule D). (From Schedule E - Attach Schedule Schedule E - Attach Schedule E - Attach Schedule E - Attach Schedule E - Attach Schedule	report balance must be zero)	\$			
**UNPAID BILLS (From Sche	Repayments total (Attach School (If final dule D - Attach Schedule D). (From Schedule E - Attach School Schedule F - Attach School (From School	report balance must be zero)	\$	14,390.54 YESNO		
**UNPAID BILLS (From Sche *IN KIND CONTRIBUTIONS **OUTSTANDING LOANS (F	Repayments total (Attach School (Attach (Attach School (Attach (A	report balance must be zero)	\$			

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form	miles and the second	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Marie of the section of the second	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be some as on Statement of Organization)			CK THIS BOX IF
Laborers Political Action Committee		AME	NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAG IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07/06/07	ID#	Unitimized Contribution		\$25.	
07/06/07	ID# CK#	Unitimized Contribution		1000.	
08/02/07	ID# CK#	Unitimized Contribution		25.	
08/02/07	ID# CK#	Unitimized Contribution		1000.	
09/06/07	ID# CK#	Unitimized Contribution		25.	
09/06/07	ID# CK#	Unitimized Contribution		1000,	
10/04/07	ID# CK#	Unitimized Contribution		25.	
10/04/07	ID# CK#	Unitimized Contribution		1000.	
11/01/07	ID# CK#	Unitimized Contributions		25.	
11/01/07	ID# CK#	Unitimized Contribution		1000,	
			SUB-TOTAL	\$ 5125	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column,

Page 1 of 2 (for Schedule A)

CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal funds) CONTRIBUTIONS — MONEY TAKEN IN (Rev. 07/03) CHECK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Laborers Political Action Committee

AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD,

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUND- RAISEF INCOMI
12/07/07	ID# CK#	Unitimized Contribution		\$25.	
12/07/07	ID#	Unitimized Contribution		1000.	
12/07/07	ID# CK#	Unitimized Contribution		100.	
	ID# CK#				
	CK#				
	ID# CK#				
		TOTAL (If last on	SUB-TOTAL go of this schedulo)	\$ 1125. \$ 6250.	

* Olsclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule A)